



AUTHORIZATION FOR DIRECT PAYMENT VIA ACH/EFT

Consumer Authorization for Direct Payment via ACH/EFT

I (We) authorize **Advantage Oil Company, Inc.** access to the below account in order to electronically draft funds in accordance with our payment obligations. I (we) agree to provide ten (10) days written notice to **Advantage Oil Company, Inc.** in order to revoke this authorization.

Customer Name(s) _____

Address: _____

Telephone Number: _____ Email: _____

Bank Name: _____ Phone Number: _____

___ Checking Account ___ Savings Account (select one)

Routing Number: _____ Account Number: _____

Checking/Saving Account Billing Address:

Street: _____

City: _____, State: _____ Zip Code: _____

Signature(s): _____ Date: _____

Printed Name(s): _____

Your completion of this authorization form helps us to protect you, our valued customers, from fraud. All information entered on this form will be kept strictly confidential by Advantage Oil Company, Inc.

**Complete and fax/email this form and a photocopy of a voided check to
(570)291-8507 or billing@advantageoilcompany.com**